ISSUE SLIP STAP!LE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	i f		37-25-0
O.I.P.E. CLASSIFIER	ma		8/1/01
FORMALITY REVIEW	4.1.	3117	8/30/01
RESPONSE FORMALITY REVIEW	M-H	625	10-18-01

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	1 Interference
_ (Through numeral) Canceled	A Appeal
÷	O Objected

Claim	Date	Claim Date	Claim	Date
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If more than 150 claims or 10 actions staple additional sh there

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